

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/553,134

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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49						
50						
TOTAL IND.	2	↓	↓	↓	↓	↓
TOTAL DEP.	79	←	←	←	←	←
TOTAL CLAIMS	81	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

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